## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09 733 179

|   |  |   |                   | :                                | SMALL ENTITY                 |                  |       | OTHER THAN          |                        |                    |                     |                        |  |
|---|--|---|-------------------|----------------------------------|------------------------------|------------------|-------|---------------------|------------------------|--------------------|---------------------|------------------------|--|
|   |  |   | (Column 1)        |                                  | (Column 2)                   |                  |       | TYPE                |                        | OR                 | SMALL ENTITY        |                        |  |
| TOTAL CLAIMS  |  |   |                   |                                  |                              |                  |       | RATE                | FEE*                   | +10.5°             | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED      |                                  | NUMBER EXTRA                 |                  |       | BASIC FEE           | 355.00                 | OR                 | BASIC FEE           | ·710.00                |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3.5 minus 20=     |                                  | . 12                         |                  |       | X\$ 9=              | 135!-                  | OR                 | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | 7 minus 3 =       |                                  | 4                            |                  |       | X40=                | 160: -                 | OR                 | X80=                |                        |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | ESENT             |                                  |                              |                  |       | +135=               |                        | OR                 | +270=               |                        |  |
| * If  | the difference   | in column 1 is                            | less than ze      | than zero, enter "0" in column 2 |                              |                  |       | TOTAL               | 630:-                  | OR                 | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                   |                                  |                              |                  |       |                     |                        | against the second | OTHER               | THAN,                  |  |
|   |  | (Column 1)                                |                   | (Colur                           |                              | (Column 3)       |       | SMALL               | ENTITY                 | OR                 | SMALL               | ENTITY                 |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID    | BER<br>DUSLY                 | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |                    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus             | **                               |                              | = .              |       | X\$ 9=              | ,                      | OR                 | X\$18=              |                        |  |
|   | Ind pendent  | *   | Minus             | ***                              |                              | =                |       | X40=                |                        | OR                 | ∡X80=               |                        |  |
|   | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEF       | ENDEN                            | CLAIM                        | 111              | 14-4  | +135=               | 12.2                   | ÖŘ                 | +270=               |                        |  |
| 73  | in the state of th |   |                   |                                  |                              |                  | , .   | TOTAL               | ų,                     |                    | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                                  |                              |                  |       |                     |                        |                    |                     |                        |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |                   | HIGH<br>NUM<br>PREVIO<br>PAID    | IEST<br>IBER<br>OUSLY        | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |                    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus             | **                               |                              | =                |       | X\$ 9=              |                        | OR                 | X\$18=              |                        |  |
|   | Independent  | •   | Minus             | ***                              |                              | = :              |       | X40=                | - 12 <b>.</b>          | OR                 | X80=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |                                  |                              |                  |       | _                   |                        |                    |                     |                        |  |
|   |  |   |                   |                                  |                              |                  |       | +135=               |                        | OR                 | +270=               |                        |  |
|   |  |   |                   |                                  |                              |                  |       | TOTAL<br>ADDIT. FEE |                        | OR                 | TOTAL<br>ADDIT. FEE |                        |  |
| L,  | (Column 1) (Column 2) (Column 3)   |   |                   |                                  |                              |                  |       |                     |                        |                    |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI                     | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE | ,                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus             | **                               |                              | =                |       | X\$ 9=              | . 14                   | OR                 | X\$18=              |                        |  |
|   | Independent  | *   | Minus             | ***                              |                              | =                |       | X40=                |                        | OR                 | X80=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |                                  |                              |                  |       | +135=               |                        | OR                 | +270=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                   |                                  |                              |                  |       |                     |                        | OR                 | TOTAL               |                        |  |
| **  | *If the "Highest No  | umber Previously F                        | Paid For" IN TH   | IS SPACE                         | is less th                   | an 3. enter "3." |       | ADDIT. FEE          |                        | 4                  | ADDIT. FEE          |                        |  |
|   | The "Highest Nur   | mber Previously Pa                        | aid For" (Total o | r Indepen                        | dent) is th                  | e highest numb   | er fo | und in the ap       | propriate bo           | x in co            | olumn 1.            |                        |  |